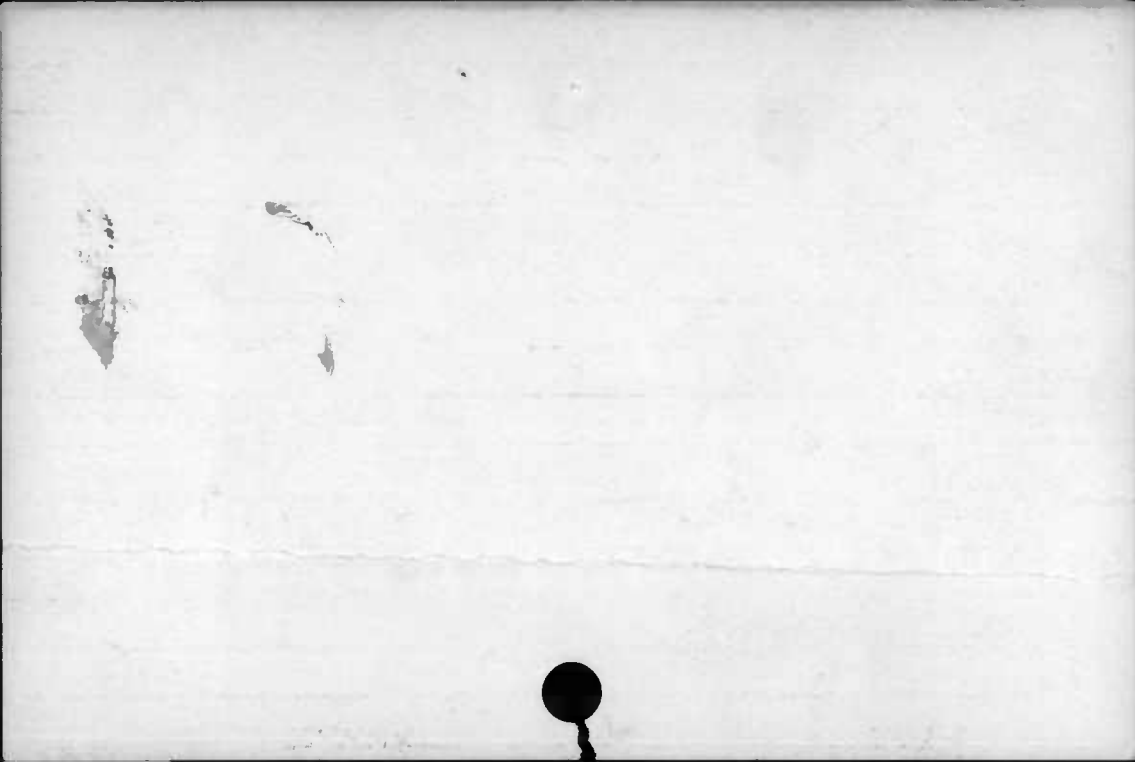
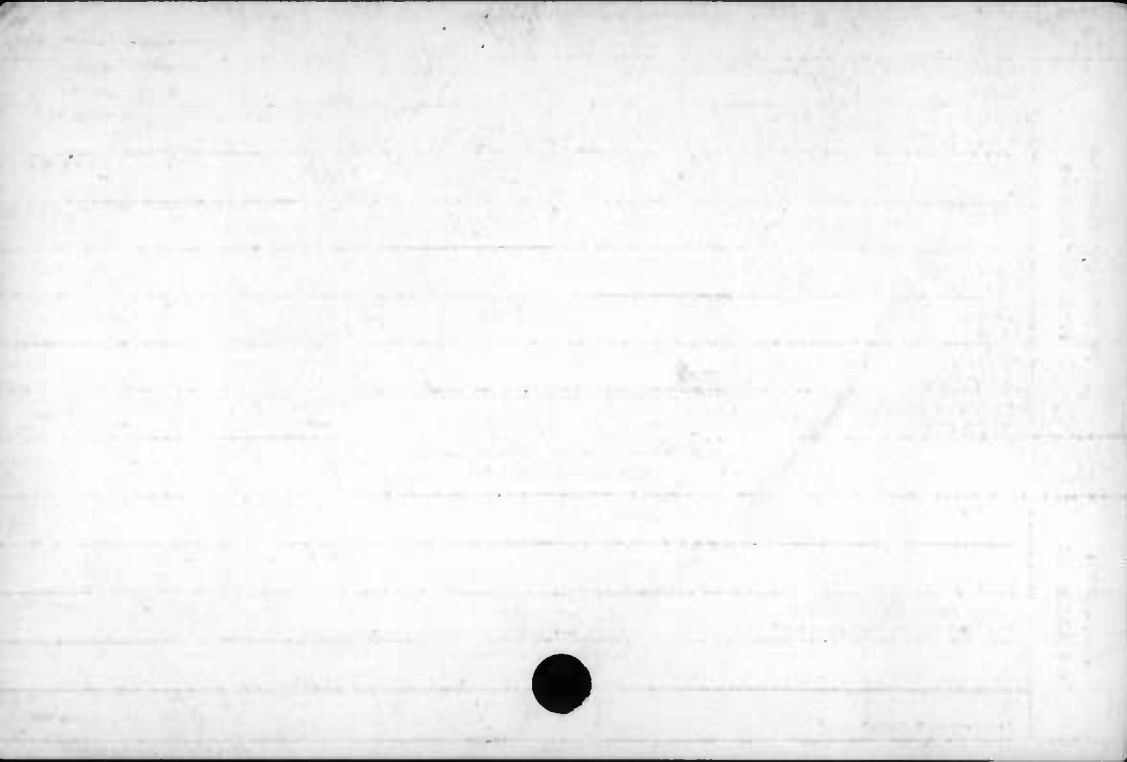


Name in Full		Imbra K Bartlett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Greenstown</u> Town		<u>Carroll</u> County		MARYLAND	
		Date of death 190 <u>8</u> Month <u>Mar</u> Day <u>1</u>		Age <u>69</u> Years		Months <u>11</u> Days <u>—</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>	
		Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
		Name of Wife or Husband <u>Emily Noble Bartlett</u>					
		Father's Name <u>Vincent Bartlett</u>				Father's Birthplace <u>Ind.</u>	
		Mother's Maiden Name <u>Unknown</u>				Mother's Birthplace <u>Unknown</u>	
		Name of person giving information <u>Mrs Lullie Bartlett</u>				How related to deceased <u>Daughter</u>	
		CAUSES OF DEATH		(80)			
PHYSICIAN OR CORONER		Primary <u>Rheumatism</u>		How long <u>10 years</u>			
		Immediate <u>Angina Pectoris</u>		How long <u>3 days</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>D. R. Malmon</u>			
				Address <u>Greenstown</u>			
		Accident or Suicide?		<u>No</u>			



Name in Full		John Coates				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Denton	County Caroline Co.	MARYLAND		
		Date of death		1908	Month Mar.	Day 4	Age 86	Months Years Days
		Sex		Male		Color or Race	White	
		Birth- place		Del.				
		Occupation		Farmer.		Where Residing if not at place of death		
		Married, Single or Widowed		Widowed		Name of Wife or Husband		Phoebe Coates
		Father's Name		Thomas C. Coates		Father's Birthplace		Del.
Mother's Maiden Name		Eliza Wilson		Mother's Birthplace		Del.		
Name of person giving In formation		Eliza Butler		How related to deceased		Daughter		
		CAUSES OF DEATH				(166)		
PHYSICIAN OR CORONER		Primary		A severe injury from falling		How long		
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Brook George MD		
				Address		Denton County, Md		
						Maryland		
		Accident or Suicide?						



Name
in
Full

Lemuel R Diggin

CERTIFICATE OF DEATH

Died at *Henderson*

Town

Caroline

County

MARYLAND

Date
of death 1908Month *march*, Day *17*Years *1908*

Months

Days

Age *57*

Sex

*male*Color or
Race*White*Birth-
place*Englewood, Ind*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Mattie Diggin*Father's
Name*Luther Diggin*Father's
Birthplace*Englewood Ind*Mother's
Maiden Name*Rebecca Starr*Mother's
Birthplace*Englewood, Ind*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

79

Primary

How long

Immediate

death heart disease

How long

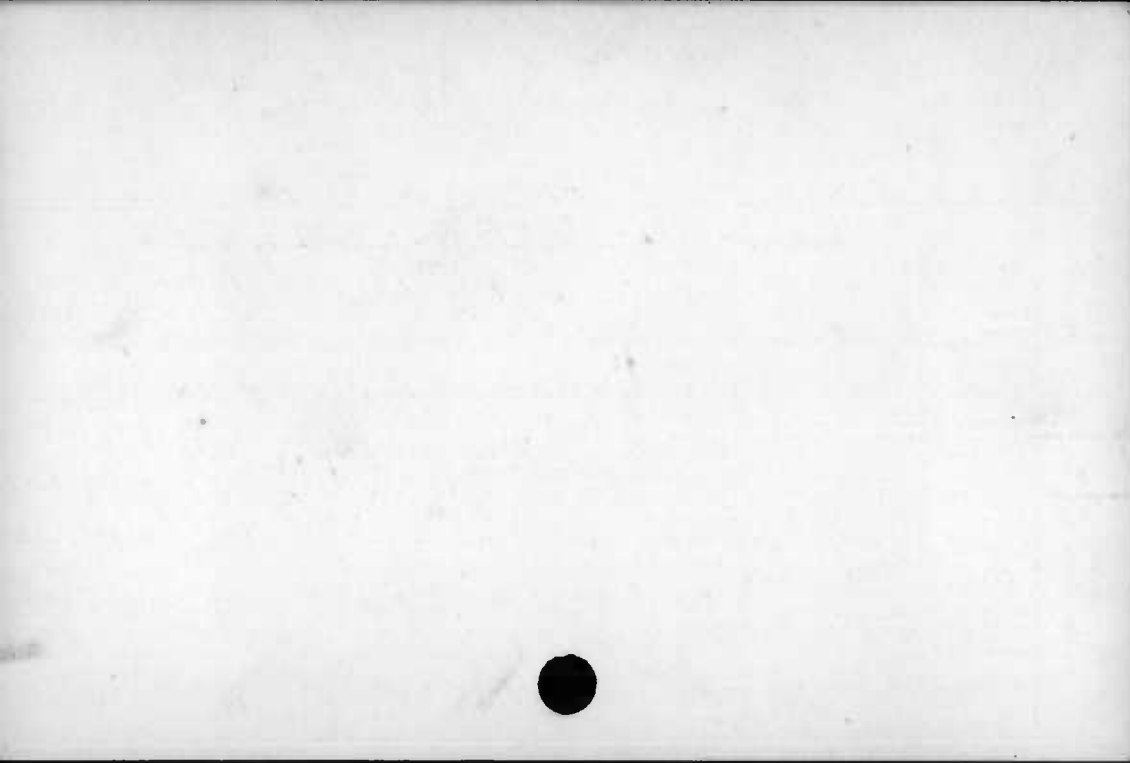
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*W. H. Smith Coroner
Marydel Ind*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

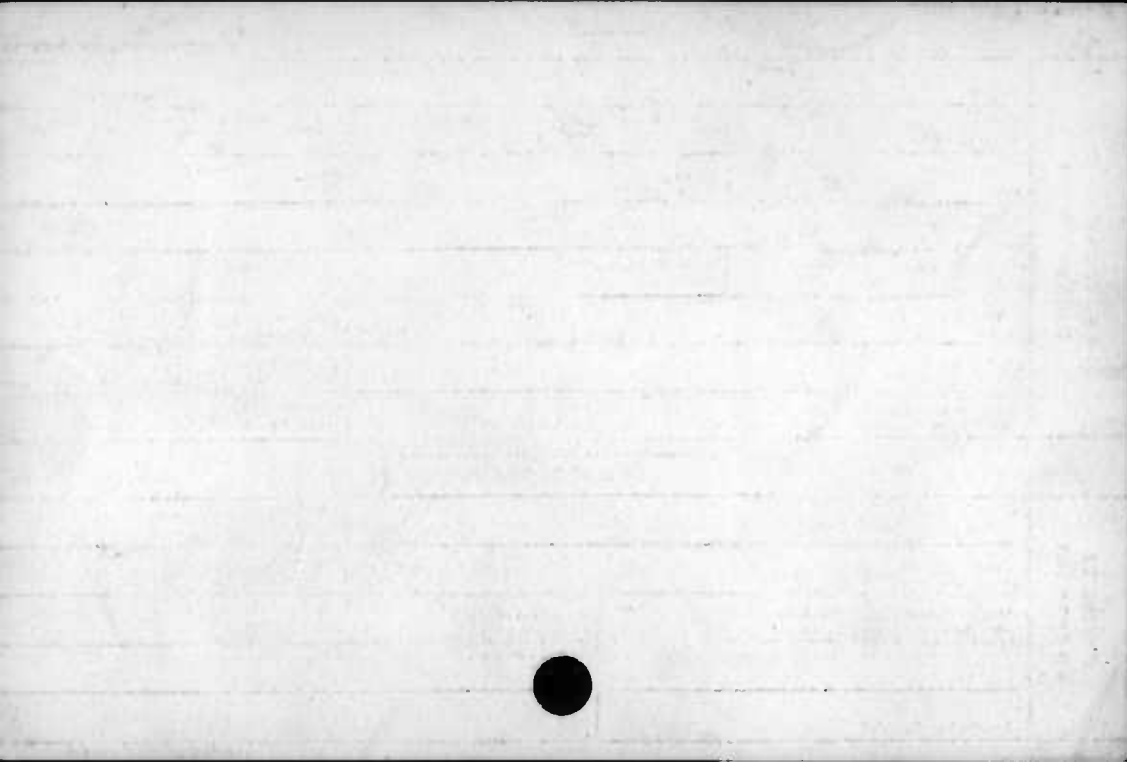
Died at <i>Ventura</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month	3	Day	6
Age		62		Years	—
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Charles Wyze</i>			
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Emily</i>		Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>Sydney Wyze</i>		How related to deceased <i>Same</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Same</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. R. Fisher</i>	
		Address <i>Ventura</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

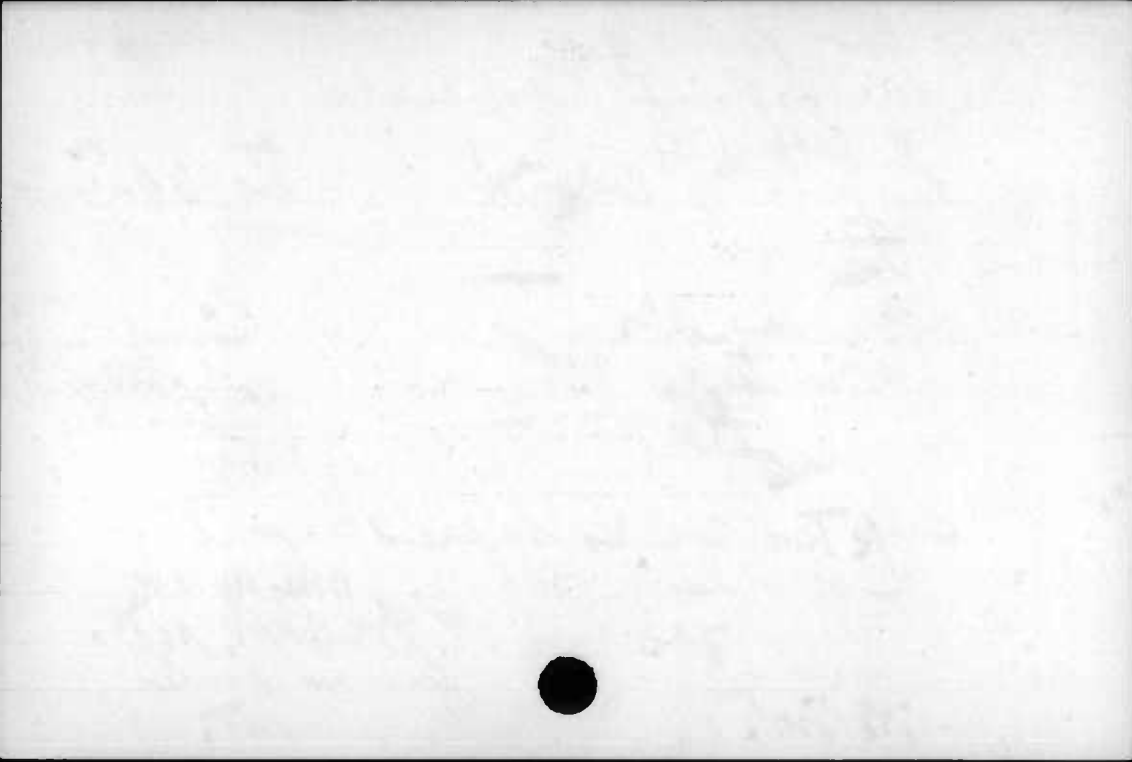
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	1908	Month	3	Day	21
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>negro</i>	
Occupation			Birth-place	<i>Ridgely, Md.</i>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Ervey Gibbs</i>		
Mother's Maiden Name			<i>Emma Flannery</i>		
Name of person giving information			<i>Ervey Gibbs</i>		
Father's Birthplace			<i>Pent Co</i>		
Mother's Birthplace			<i>Denton, Md.</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

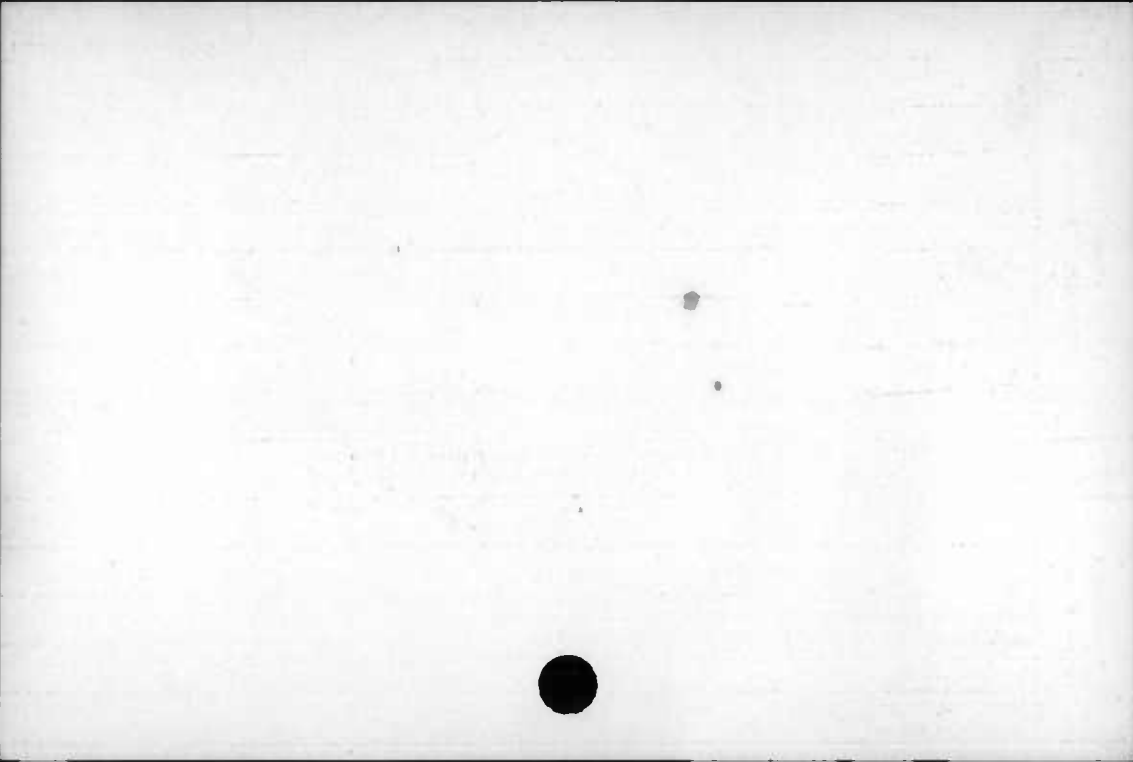
Primary	<i>Grippe</i>	How long	<i>One month</i>
Immediate	<i>Pneumonia</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. I. Stone</i>	
		Address	
		<i>Ridgely, Md.</i>	
Accident or Suicide?			



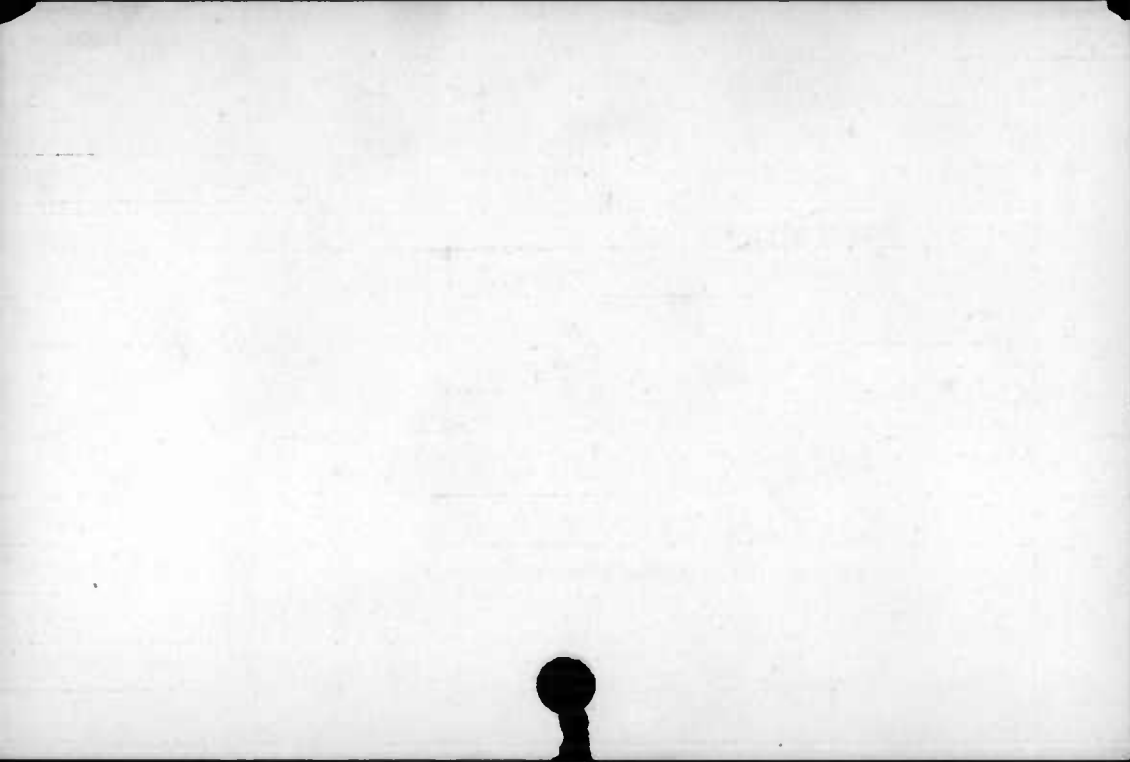
Name in Full		Walter Hines				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Court's Point	County Caroline Co	MARYLAND		
		Date of death		1908	Month March	Day 31	Age 1	Years 4
		Sex		Boy	Color or Race	Colored	Birth- place	Court's Point
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Wesley Hines		Father's Birthplace		Caroline Co. Md.
		Mother's Maiden Name		Minta White		Mother's Birthplace		Caroline Co. Md.
Name of person giving Information		Father		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Sick two weeks before I saw it.		How long		
		Immediate		Convulsions		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		one week		
		Signature of Physician		R. Hackett, M.D.				
		Address		Queen Anne				
		Accident or Suicide?		No.				

Burns at Belle
Chopped April 2-1908

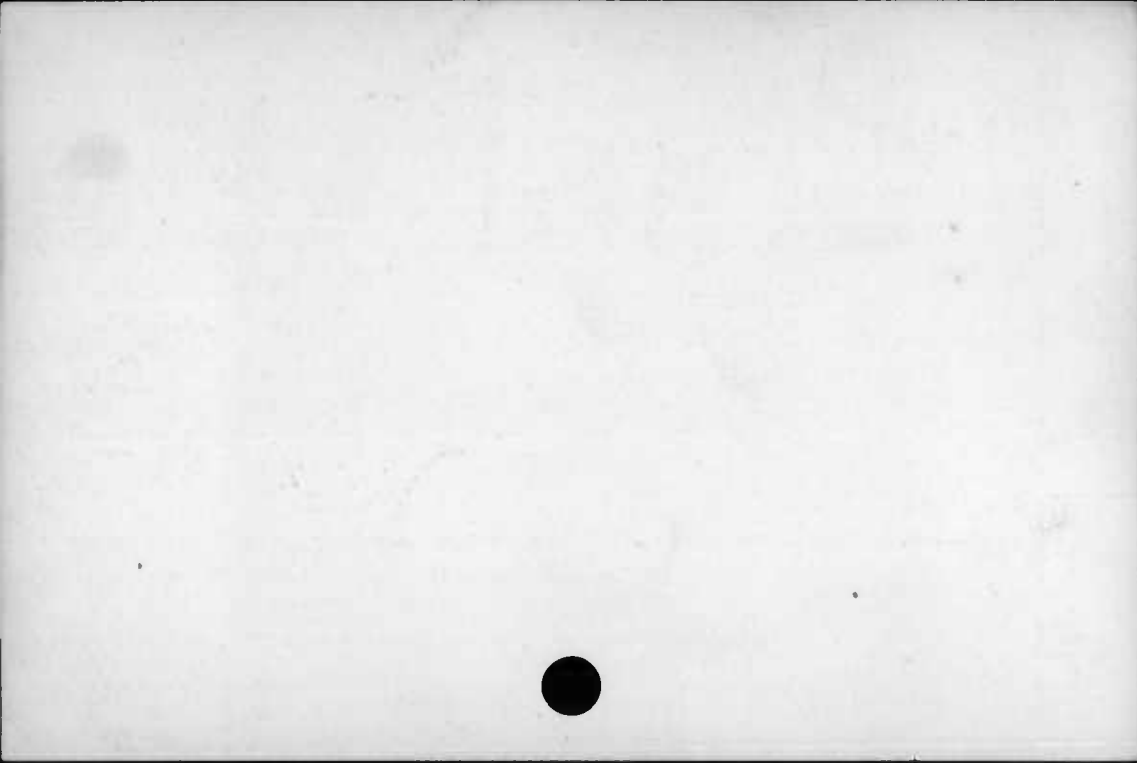
Name in Full		Johnson				CERTIFICATE OF DEATH	
Died at		Denton Town		Caroline County		MARYLAND	
Date of death		1908	Month 3	Day 4	Age	Years	Months Days
Sex		Female		Color or Race		Calored	
Occupation		None		Birth-place		Maryland	
Where Residing if not at place of death		Denton Md					
Married, Single or Widowed		-		Name of Wife or Husband		-	
Father's Name		David Johnson				Father's Birthplace	
Mother's Maiden Name		Isabella Armstrong				Mother's Birthplace	
Name of person giving information		David Johnson				How related to deceased	
						Father	
		CAUSES OF DEATH				(151)	
Primary		Miscarriage				How long	
Immediate		The same				3 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Enoch George M D			
		Address		Denton			
				Maryland			
Accident or Suicide?							



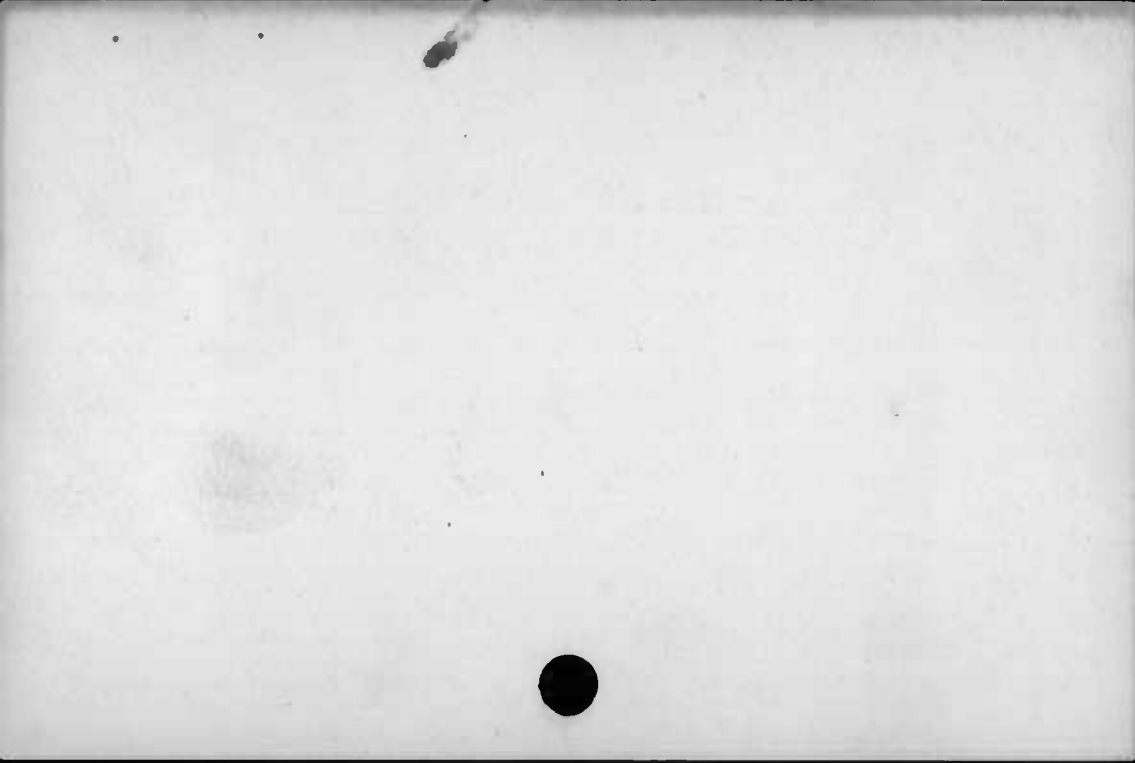
Name in Full		CERTIFICATE OF DEATH			
Adam Clarke Jones -		Town Ridgely		County Caroline -	
Died at		MARYLAND			
Date of death	1908	Month March	Day 14	Age 67	Years 5
Sex Male -		Color or Race White -		Birth-place Maryland	
Occupation Clergyman -		Where Residing if not at place of death Port Penn - Dela.			
Married, Single or Widowed Married		Name of Wife or Husband Clara Erdman Jones -			
Father's Name Adam Clarke Jones -		Father's Birthplace Md.			
Mother's Maiden Name Zipporah Jones -		Mother's Birthplace Dela.			
Name of person giving information J. W. Jones -		How related to deceased Son			
CAUSES OF DEATH					
Primary Pneumonia		How long 2 weeks			
Immediate Exhaustion		How long one week			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. J. Stone M.D.			
		Address Ridgely			
Accident or Suicide?		Ind.			



Name in Full		Martha R. Lister -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town			County		MARYLAND	
	Died near numbers			Cecil			
	Date of death	Month	Day	Age	Years	Months	Days
	1908	Mar	16		no	2	13
	Sex	Color or Race		Birth-place			
	Female	White		Greenwood			
	Occupation	Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Clarence Lister				Md.			
Mother's Maiden Name				Mother's Birthplace			
Addie Libbitt				Md.			
Name of person giving information				How related to deceased			
Clarence Lister				Father			
<div>CAUSES OF DEATH</div> <div>104</div>							
PHYSICIAN OR CORONER	Primary			How long			
	Indigestion -			1 month -			
	Immediate			How long			
	Malnutrition -			3 weeks -			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
Yes			Address				
			Greenwood -				
Accident or Suicide?							
					Md.		



Name in Full Rebecca McKnett		CERTIFICATE OF DEATH	
Died at Town Grumabon County Caroline		MARYLAND	
Date of death 1908	Month 3	Day 13	Years 63
Sex Female	Color or Race White	Birth-place Maryland	Months — Days —
Occupation House Keeping	Where Residing if not at place of death Templeville		
Married, Single or Widowed Single	Name of Wife or Husband John R McKnett		
Father's Name John Dean	Father's Birthplace Mo		
Mother's Maiden Name don't know	Mother's Birthplace Arkansas		
Name of person giving information Charles Shockley	How related to deceased Sister in law		
CAUSES OF DEATH			
Primary Lobar Pneumonia	How long 8 days		
Immediate Same	How long —		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician F. D. Carpenter		
	Address Grumabon Maryland		
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Lerah A Marshall</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Mar</i>		Day <i>9</i>		Age <i>78</i>	
Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>9</i>		Months <i>3</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Days	
Occupation <i>housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Wm Marshall</i>					
Father's Name <i>Thomas White</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lily Payne</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Martha Short</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

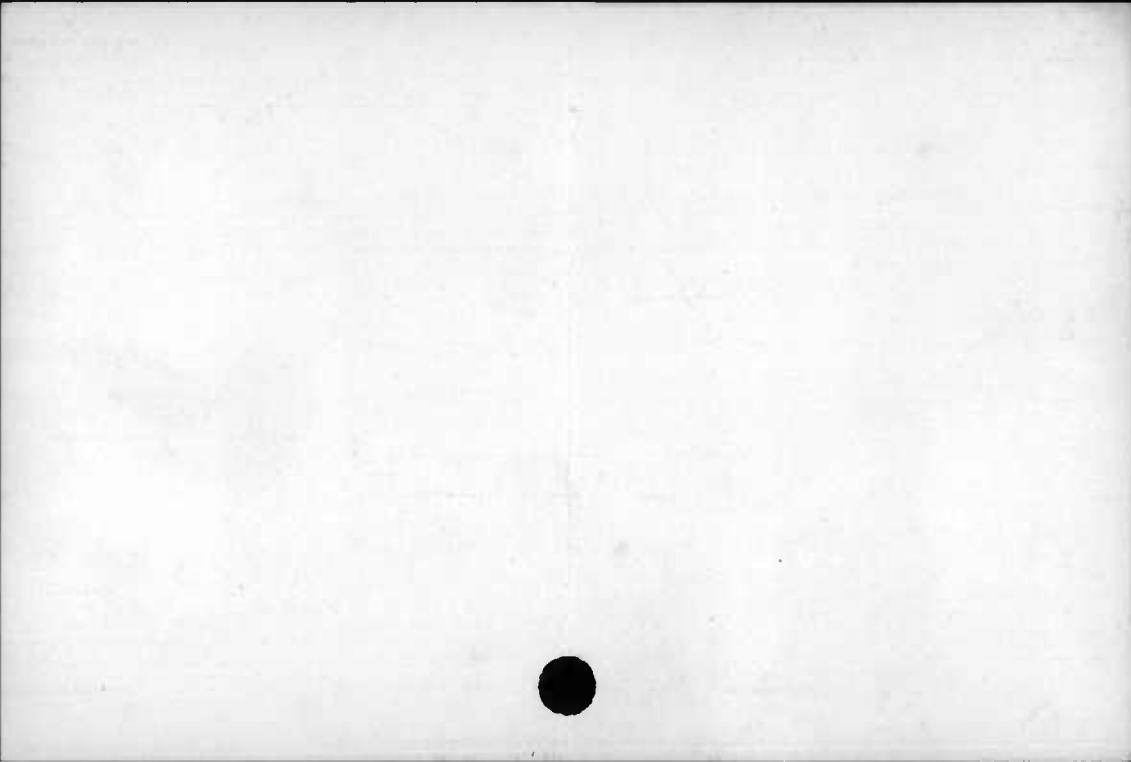
123

PHYSICIAN
OR CORONER

Primary	<i>Cystitis</i>	How long <i>2 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
		Address <i>Federalburg</i>
		<i>md</i>
Accident or Suicide?		



Name in Full		John W. messick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Federalsburg		County Caroline		MARYLAND	
	Date of death		1908		Month mar		Day 27	
	Age		4		Years		Months 6	
	Sex		male		Color or Race		white	
	Birth- place		md		Occupation		none	
	Where Residing if not at place of death				Married, Single or Widowed		single	
	Name of Wife or Husband				Father's Name		A Rache messick	
PHYSICIAN OR CORONER	Mother's Maiden Name		margaret bright		Father's Birthplace		md	
	Name of person giving In formation		A R messick		Mother's Birthplace		md	
	How related to deceased				How related to deceased		md	
	CAUSES OF DEATH		94		Primary		Pleurisy	
Immediate		Heart Failure		How long		9 Weeks		
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		F. J. Brooks		
Accident or Suicide?				Address		Federalsburg md.		



Name
in
Full

Ann E. Munner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

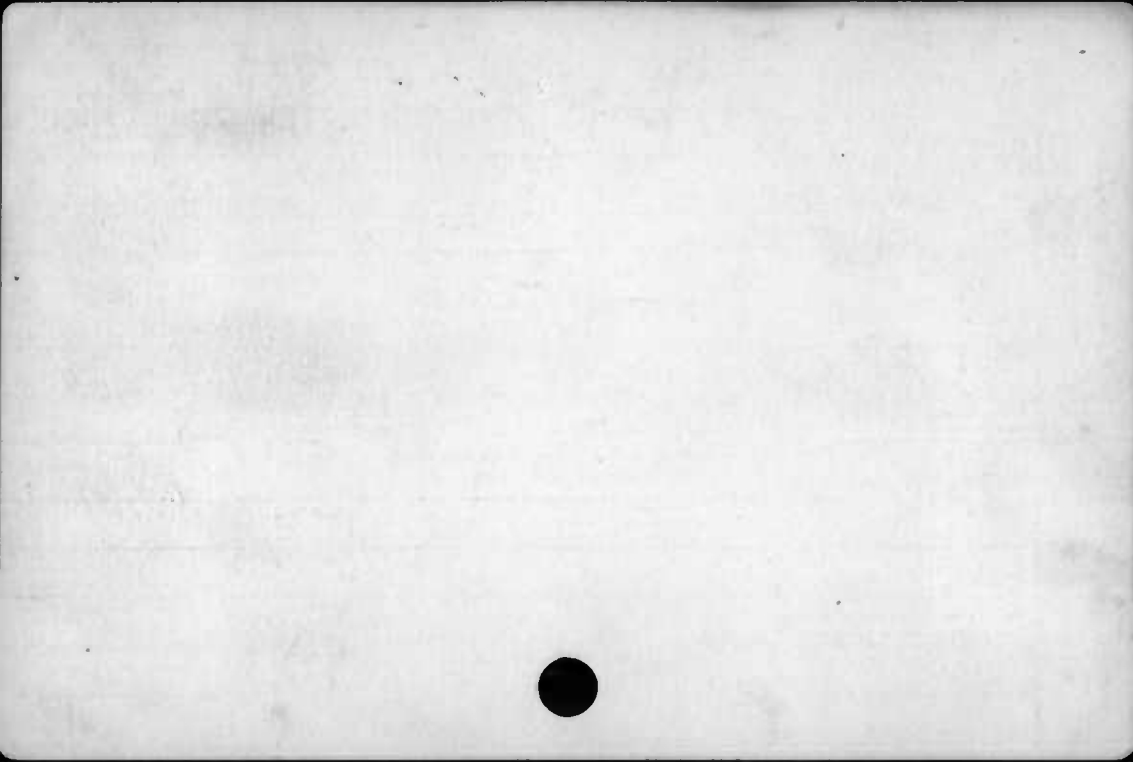
Died at <u>Greenboro</u> ^{Town}		<u>Calverton</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>3</u> ^{Month}	<u>6</u> ^{Day}	Age <u>70</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Delaware</u>		
Occupation <u>house mfr</u>		Where Residing if not at place of death <u>Greenboro</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Ann Munner</u>				
Father's Name <u>John Sepple</u>	Father's Birthplace <u>Delaware</u>				
Mother's Maiden Name <u>Mary Conner</u>	Mother's Birthplace <u>Del</u>				
Name of person giving information <u>Ann Munner</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <u>Chronic Dysentery</u>	How long <u>2 years</u>
Immediate <u>Enteric Colitis</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. R. Malone</u>
	Address <u>Greenboro</u>
Accident or Suicide?	<u>no</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alfred. Parker</i>		Town <i>Preston</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>April</i> Day <i>2</i>		Age <i>2</i> Years Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Preston Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>J. Herbert Parker</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Katie Smith</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>J. M. Parker</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long
Immediate	<i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Raymond Downer</i>
		Address <i>Preston</i>
Accident or Suicide?		



Name
in
Full

Lydia F. Poor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

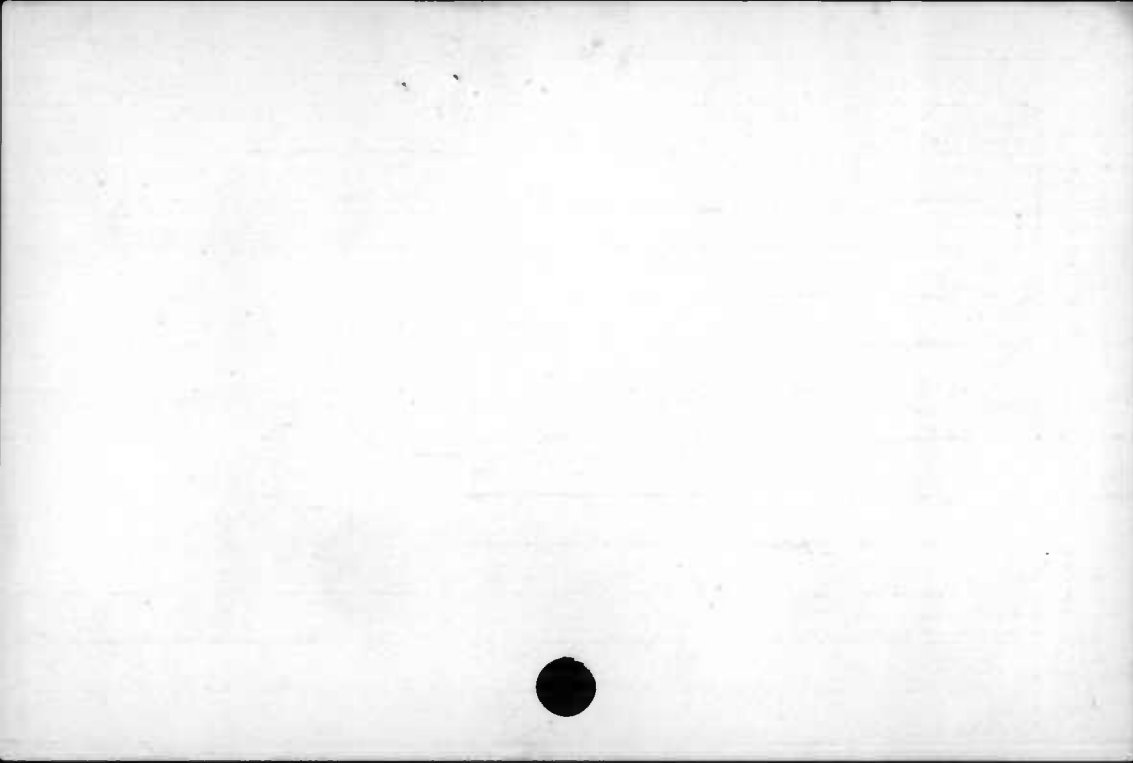
Died at		Town Greensboro		County Boisblanc		MARYLAND	
Date of death		1908	Month 3	Day 5	Age 67	Years	Months Days
Sex Female		Color or Race White		Birth-place New Jersey			
Occupation House mfr		Where Residing if not at place of death Greensboro					
Married, Single or Widowed Married		Name of Wife or Husband Wm H Poor					
Father's Name Homan		Father's Birthplace N J					
Mother's Maiden Name don't know		Mother's Birthplace N J					
Name of person giving information Mrs Guy Pippin		How related to deceased daughter					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia Liver	How long 11 days
Immediate	Same	How long —
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		J. D. Carpenter
Address		Greensboro Md.
Accident or Suicide?		No



Name
in
Full

Eda Prattis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

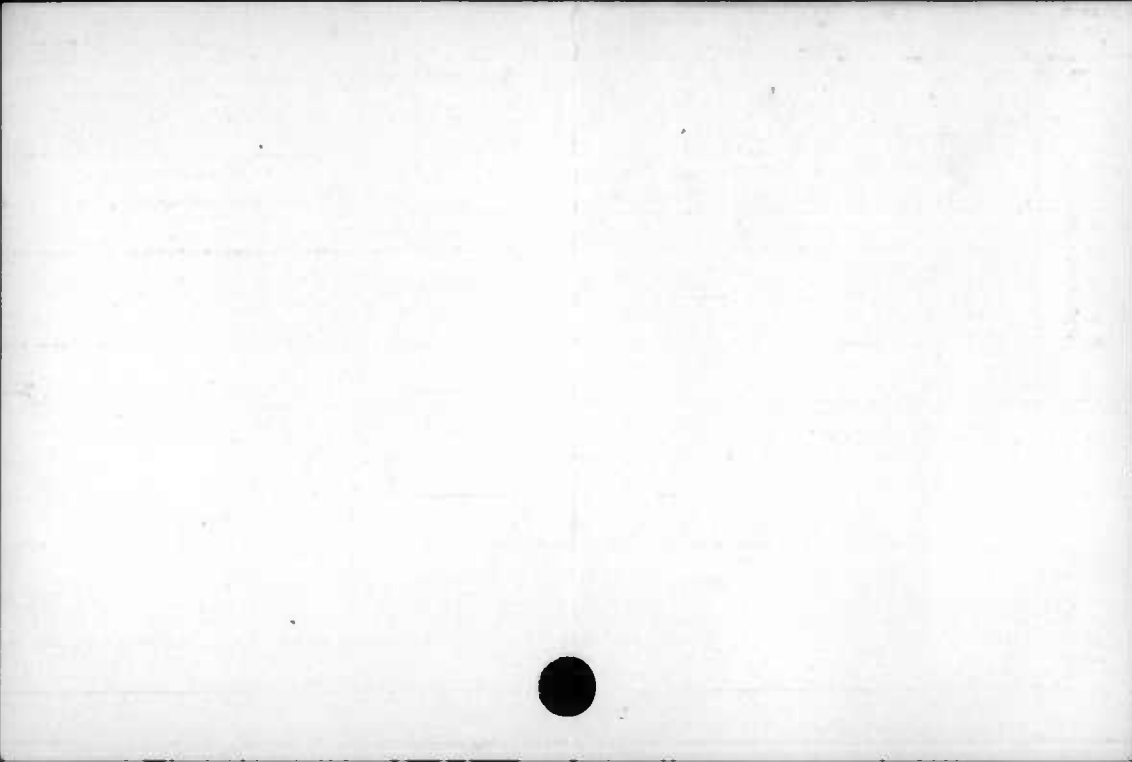
Died at		Federalsburg		County		Caroline		MARYLAND	
Date of death	1908	Month	May	Day	15	Age	Years	Months	15
Sex	female		Color or Race	black		Birth-place	md		
Occupation	none		Where Residing if not at place of death						
Married, Single or Widowed	single		Name of Wife or Husband						
Father's Name	E. James Prattis					Father's Birthplace	md		
Mother's Maiden Name	A. V. Dickerson					Mother's Birthplace	md		
Name of person giving information	E. Prattis					How related to deceased	father		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	Spasms	How long	9 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. Kemp Jefferson
		Address	Federalsburg
			md
Accident or Suicide?			



Name
in
Full

Marquet. Ellen Slagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

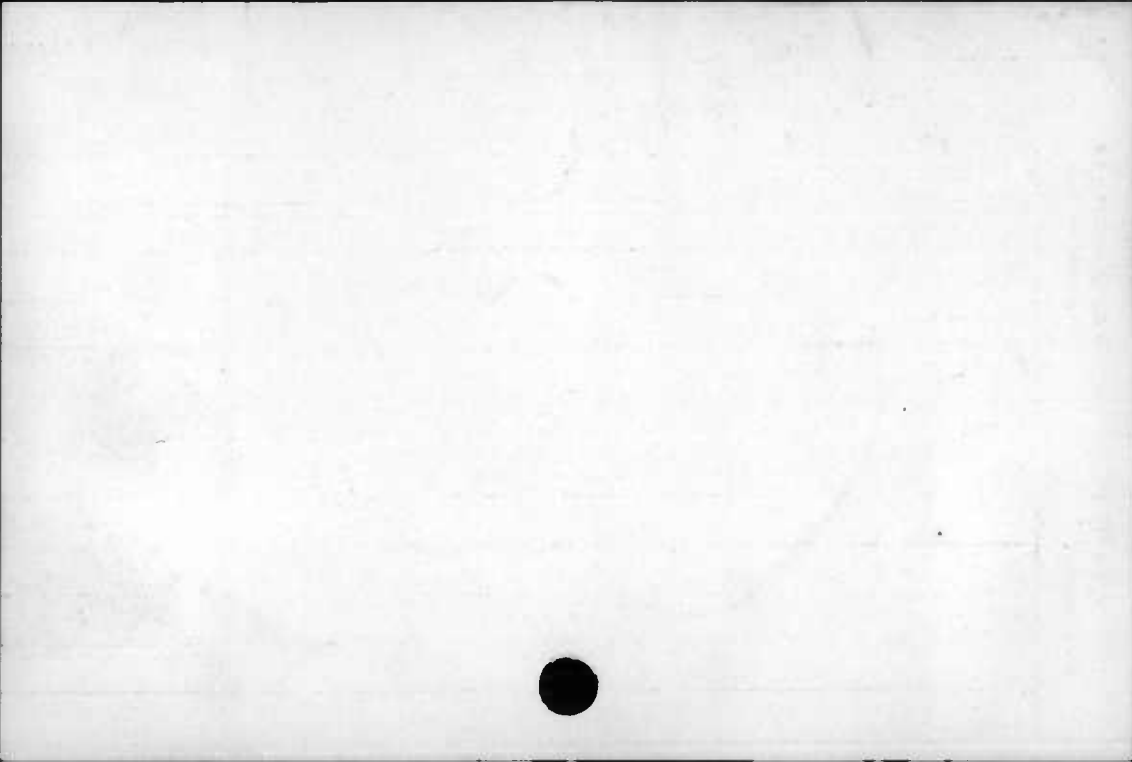
Died at		Town <i>Ridgely Md</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month <i>1908</i>	Day <i>March</i>	Age	Years <i>Fifty</i>	Months <i>Two</i>	Days <i>Twenty two</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co Md</i>			
Occupation <i>House keeper</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas a Slagle</i>					
Father's Name <i>Archibald Colver</i>		Father's Birthplace <i>Caroline Co Md</i>					
Mother's Maiden Name <i>Maggie Andrews</i>		Mother's Birthplace <i>Caroline Co Md</i>					
Name of person giving information <i>Thomas A. Slagle</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>14 days</i>
Immediate	<i>Pneumonia, Heart failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. W. Richards</i>	
		Address <i>Ridgely Md.</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mr Preston* ^{Town}

Coraline's ^{County}

Date of death 190 *8* ^{Month} *3*

17 ^{Day}

Age *Years*

Months

Days

Sex *Male*

Color or Race

Colored

Birth-place

MD

Occupation

None

Where Residing if not at place of death

Mr Preston

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Joshua Spry

Father's Birthplace

MD

Mother's Maiden Name

Adeline D. Johnson

Mother's Birthplace

MD

Name of person giving information

Joshua Spry

How related to deceased

Father

CAUSES OF DEATH

(S)

Primary

Still Born

How long

Immediate

How long

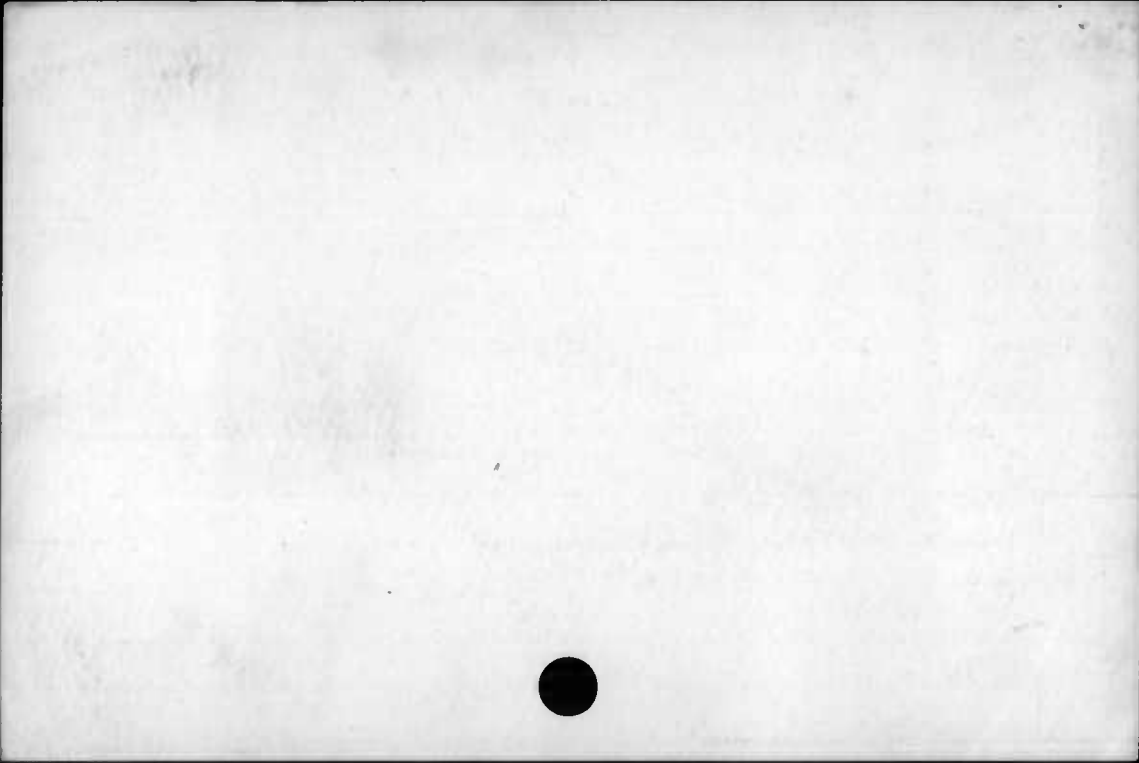
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

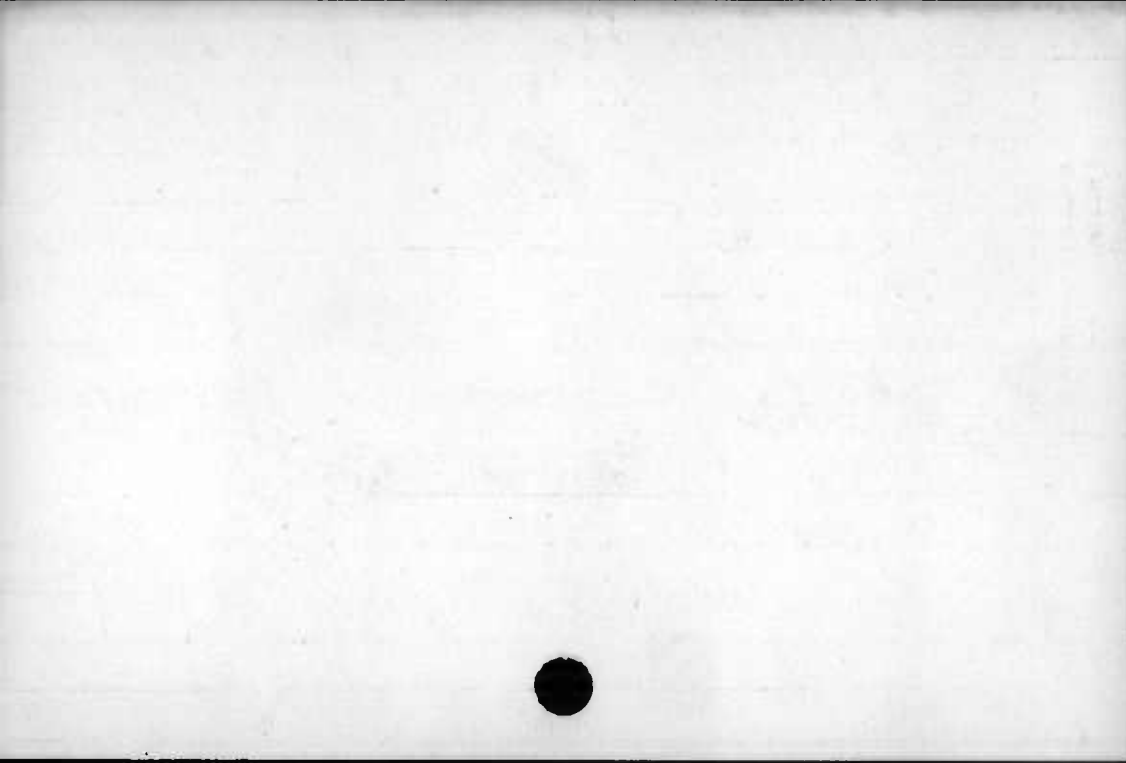
Address

Raymond H. Brown

Accident or Suicide?



Name in Full		Mary Catherine Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ridgely Town		Caroline County		MARYLAND	
	Date of death	1908	Month	March	Day	25th	Years
	Age	68		Months	4		Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Housekeeper		Where Residing if not at place of death		Home	
	Married, Single or Widowed	Married		Name of Wife or Husband		Perry G. Thomas	
	Father's Name	William H Brown				Father's Birthplace	Caroline Co Md
Mother's Maiden Name	Martha Ann Covey				Mother's Birthplace	Queen Anne Co Md	
Name of person giving information	William Emmett Brown				How related to deceased	Brother.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">66</div>							
PHYSICIAN OR CORONER	Primary	Paralytic				How long	Two weeks
	Immediate	Heart failure				How long	Two days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Ridgely, Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

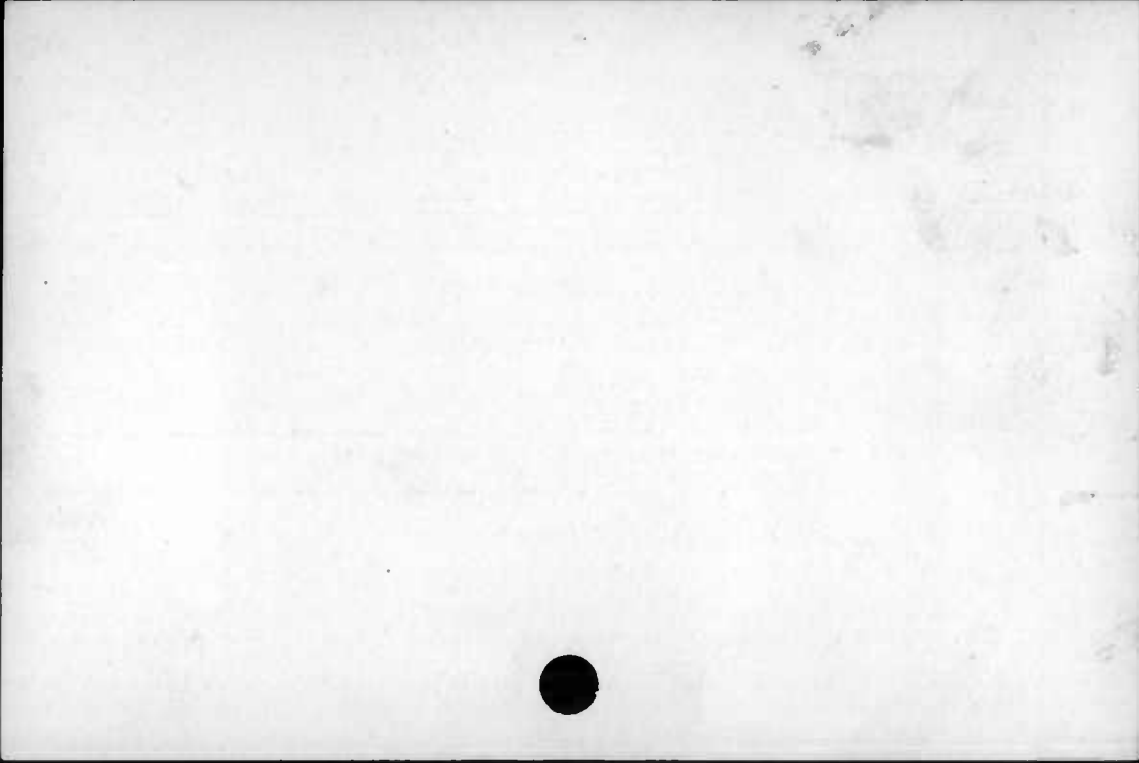
Name in Full <i>Russell D. Horner</i>		Town <i>Choptank</i>		County <i>Cornwall</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>3</i>		Day <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>70</i>		Years <i>1</i>	
Occupation <i>none</i>		Birth-place <i>Choptank</i>		Months <i>7</i>		Days <i>7</i>	
Where Residing if not at place of death <i>Choptank</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Chas Horner</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Rheta Gubler</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Chas Horner</i>		How related to deceased <i>Gubler</i>					

CAUSES OF DEATH

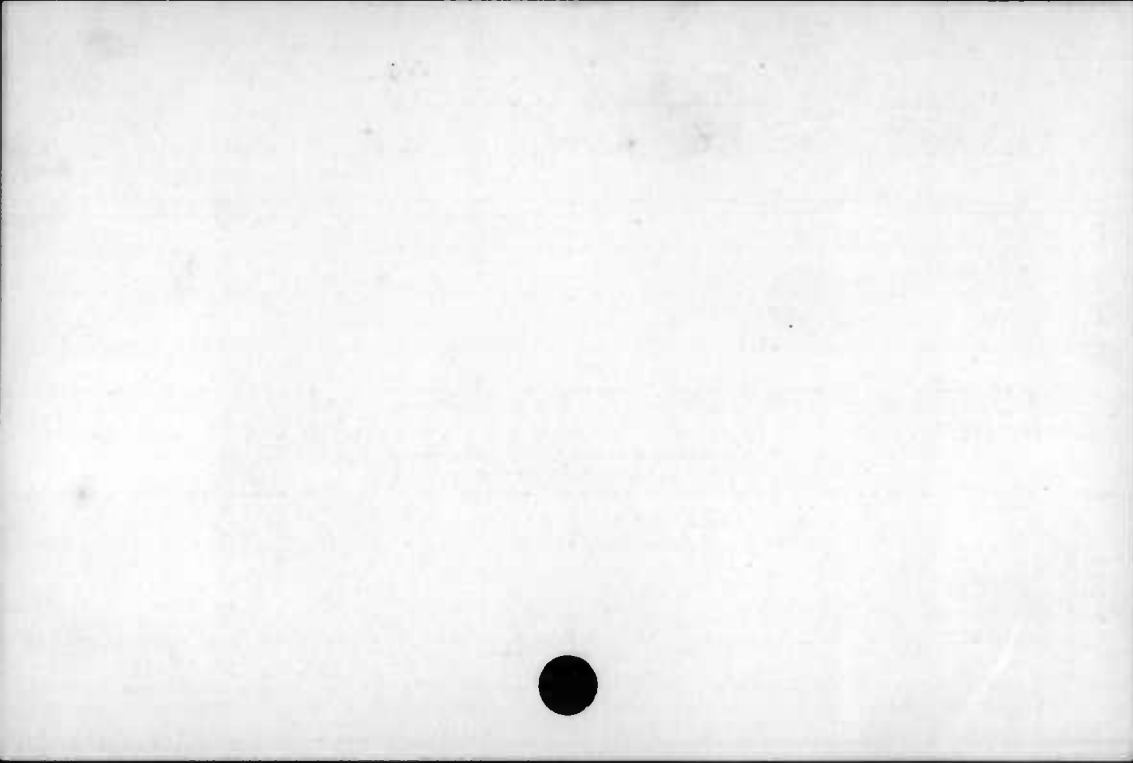
105

PHYSICIAN
OR CORONER

Primary <i>Julio Ca lite's - Toxemia</i>	How long <i>3 days</i>
Immediate <i>Exhaustion - 14 foreign</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Raymond Downes</i>
	Address 
Accident or Suicide?	



Name in Full		Elma Hubbard Webb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town New Preston		County Coraline		STATE MARYLAND
	Date of death		1908	Month 13	Day 13	Age 70	Months Days
	Sex	Female		Color or Race	Colored		Birth-place Md
	Occupation	Housewife		Where Residing if not at place of death		Same	
	Married, Single or Widowed	Married		Name of Wife or Husband		Charlotte	
	Father's Name	Noah Hubbard				Father's Birthplace	Md
	Mother's Maiden Name	Ida Halmer				Mother's Birthplace	Md
Name of person giving information	Chas Webb				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">93</div>							
PHYSICIAN OR CORONER	Primary	Labor Pneumonia				How long	9 days
	Immediate	Heart failure - Suffocation				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Raymond Downer		
			Address				
<div style="text-align: center;">Accident or Suicide?</div>							



Name
in
Full

Annie White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

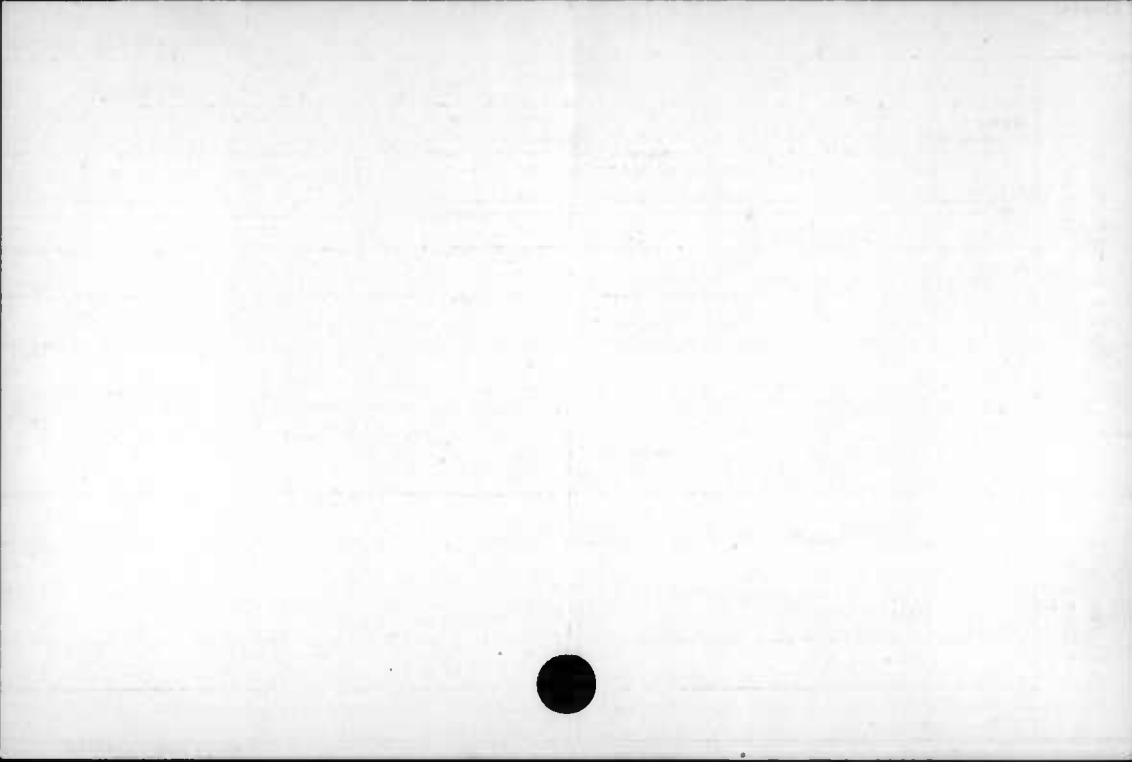
Died at ^{Town} <i>Federalsburg</i>		^{County} <i>Caroline</i>		MARYLAND				
Date of death	1908	Month	May	Day	28			
Age	Years		29		Months		Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>md</i>	
Occupation	<i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Harry White</i>					
Father's Name	<i>James Evans</i>					Father's Birthplace	<i>Del</i>	
Mother's Maiden Name	<i>Margaret Evans</i>					Mother's Birthplace	<i>Del</i>	
Name of person giving information	<i>Harry White</i>					How related to deceased	<i>husband</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>R. Kemp Jefferson</i>	
Address		<i>Federalsburg</i>	
		<i>md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

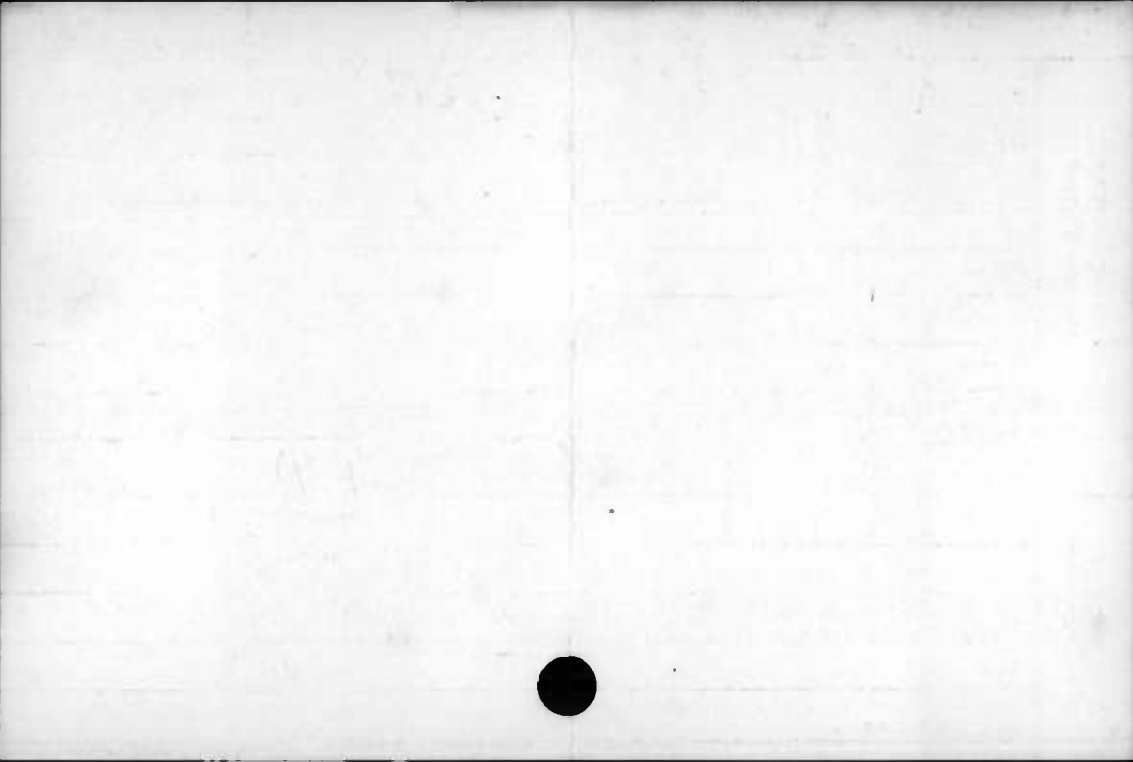
Name in Full <i>Norton White</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death		Age		Months	
Month <i>Mar</i>		Day <i>5</i>		Years <i>2</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Norton White</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Pruthi Deer</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Norton White</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	<i>marasmus</i>	How long <i>2 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
		Address <i>Federalsburg</i>
		<i>md</i>
Accident or Suicide?		



Name
in
Full

Lides, A. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Dorton* Town*Caroline* CountyDate
of death *1908*Month
*3*Day
*24*Age
— YearsMonths
*8*Days
*—*Sex *Female*Color or
Race *Black*Birth-
place *Dorton*Occupation
*—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Horace Wright*Father's
Birthplace *MD*Mother's
Maiden Name *Ella Wright*Mother's
Birthplace *MD*Name of person giving
Information *Mary Murray* ✓How related
to deceased *none*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONERPrimary *Pneumonia*How long *1 week*Immediate *Convulsions*How long *3 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *F. M. Smith*Address *Dorton MD*

Accident or Suicide?

